County: Sheboygan
SHEBOYGAN COMPREHENSIVE HEALTH CENTER - IMD
N3790 COUNTY ROAD VN
SHEBOYGAN FALLS 53085 Phone: (920) 467-4648
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 101
Total Licensed Bed Capacity (12/31/00): 128
Number of Residents on 12/31/00: 75 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled - IMD No No Average Daily Census: 78 *******************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No No	Primary Diagnosis Developmental Disabilities	% 0. 0	Age Groups Under 65	40. 0	Less Than 1 Year 1 - 4 Years More Than 4 Years	30. 7 26. 7 42. 7
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	16. 0 84. 0	65 - 74 75 - 84	25. 3 22. 7		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Ábuse Para-, Quadra-, Hemi pl egi c	0. 0 0. 0	85 - 94 95 & 0ver	12. 0 0. 0	**************************************	:********* It
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	esi dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	0. 0 0. 0	65 & 0ver	60. 0	RNs	11. 2
Referral Service Other Services	No No	Di abetes Respi ratory	0. 0 0. 0	Sex	%	LPNs Nursing Assistants	12. 9
Provi de Day Programming for Mentally Ill	Yes	Other Medical Conditions	0.0	Male Female	45. 3 54. 7	Aides & Orderlies	58. 9
Provi de Day Programming for			100. 0	Гешаге			
Developmentally Disabled ************************************	Yes	 ************	*****	 ********	100. 0 ******	 ************	******

Method of Reimbursement

	Medicare (Title 18)			(Medicaid (Title 19)			0ther			Private Pay			Manageo	d Care	Percent	
			Per Die	Per Di em Per Di			em Per Diem			n	Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	29	82. 9	\$100.79	28	84. 8	\$164.94	5		\$156.50	ŏ	0. 0	\$0.00	62	82. 7%
Intermedi ate				6	17. 1	\$84.44	5	15. 2	\$164.94	2	28. 6	\$156.50	0	0.0	\$0.00	13	17. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt O	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		35 1	00.0		33	100.0		7	100.0		0	0.0		75	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Resi dents Dependent Private Home/With Home Health 0.0 Bathi ng 34. 7 58.7 6. 7 75 75 75 75 Other Nursing Homes 1.9 Dressing 50. 7 44. 0 5.3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 68. 0 3.8 26. 7 5.3 30.7 92. 5 Toilet Use 62. 7 6. 7 0.0 Eating 84.0 9.3 6.7 75 Other Locations ***** 1.9 Total Number of Admissions Continence Special Treatments 53 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 1.3 Private Home/No Home Health 29.7 Occ/Freq. Incontinent of Bladder 33. 3 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 16.0 0.0 Other Nursing Homes 4. 7 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 12.5 Mobility 0.0 Physically Restrained 25.0 10.7 37. 3 0.0 Other Locations 7.8 Skin Care Other Resident Characteristics 20. 3 1.3 Deaths With Pressure Sores Have Advance Directives 48.0 Total Number of Discharges With Rashes 9.3 Medi cati ons (Including Deaths) Receiving Psychoactive Drugs 97.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

						4-4-4-4-4-4-4-4-4-4			
		0wn	Ownershi p:		Bed Size:		ensure:		
	Thi s		ernment	100-	- 199	Ski l	led	All Facilities	
	Facility		Group		Group		Group		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	60. 9	82 . 7	0.74	83. 6	0. 73	84. 1	0. 72	84. 5	0. 72
Current Residents from In-County	84. 0	85. 7	0. 98	86. 1	0. 98	83. 5	1. 01	77. 5	1.08
Admissions from In-County, Still Residing	37. 7	34. 4	1. 10	22. 5	1.68	22. 9	1.65	21. 5	1.75
Admissions/Average Daily Census	67. 9	67. 7	1. 00	144. 6	0.47	134. 3	0. 51	124. 3	0. 55
Di scharges/Average Daily Census	82. 1	72. 5	1. 13	146. 1	0. 56	135. 6	0. 60	126. 1	0. 65
Discharges To Private Residence/Average Daily Census	24. 4	23. 7	1.03	56. 1	0. 43	53. 6	0. 45	49. 9	0.49
Residents Receiving Skilled Care	82. 7	83. 9	0. 99	91. 5	0. 90	90. 1	0. 92	83. 3	0. 99
Residents Aged 65 and Older	60. 0	83. 5	0. 72	92. 9	0. 65	92. 7	0. 65	87. 7	0.68
Title 19 (Medicaid) Funded Residents	46. 7	77. 2	0. 60	63. 9	0. 73	63. 5	0. 73	69. 0	0.68
Private Pay Funded Residents	9. 3	17. 9	0. 52	24. 5	0. 38	27. 0	0. 35	22. 6	0.41
Developmentally Disabled Residents	0. 0	3. 4	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	100	56. 6	1.77	36. 0	2. 78	37. 3	2. 68	33. 3	3.00
General Medical Service Residents	0.0	14. 3	0.00	21. 1	0.00	19. 2	0.00	18. 4	0.00
Impaired ADL (Mean)	23. 5	50.8	0.46	50. 5	0. 47	49. 7	0.47	49. 4	0.48
Psychological Problems	97. 3	61. 2	1. 59	49. 4	1. 97	50. 7	1. 92	50. 1	1. 94
Nursing Care Required (Mean)	6. 2	6. 6	0. 93	6. 2	1.00	6. 4	0. 96	7. 2	0.86